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[redacted]

Background Data

1. [redacted] prior to World War II (1940) the general level of medical and allied research in Yugoslavia was far below the level of either the US or the UK. A number of factors, of course, dictated the status of Yugoslav research -- primarily, however, lack of funds, an internal situation politically unsound (inspired to a great extent by the death of King Alexander and subsequent rapprochement sought by the Regency of Prince Paul with Hitlerite Germany) and thirdly, Yugoslavian emphasis on research in chemistry, physics and mechanics. The bulk of research in which Yugoslav medical men engaged was undertaken in Germany, Austria, Switzerland and France. Up to 1940 postgraduate medical education was practically non-existent in Yugoslavia with the consequence that most medical practitioners were unable to engage in independent research to any appreciable degree because of [redacted] insufficient incomes, lack of necessary facilities and stipends. Yugoslav medical universities and their core curriculum were patterned after the German system.

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Fields of Concentration

2. The following personalities are [redacted] the most competent men in their respective fields. They have been preoccupied for many years (even prior to World War II) with their specialties.

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a. Pathology

(1) Doctor (fnu) Saltykov, Professor of Pathology at the University of Zagreb

(2) The Department of Pathology, under the leadership of Saltykov, developed into an outstanding segment of the medical school at Zagreb.

(3) Prior to World War II Professor Saltykov had what might be termed a rival for his chair. This person, Doctor Miloslavich served as temporary chief of the department of criminal and legal medicine after World War II.

b. Pharmacology

(1) This department at the Medical University of Zagreb, prior to World War II and shortly thereafter, was headed by Doctor Mikulicic who is now residing in Susak /present status unknown/.

(2) Doctor Ivancevic succeeded Doctor Mikulicic as chairman of the department.

c. Parasitology

(1) The foremost parasitologist in Yugoslavia is Doctor Tartaglia who is now /1954/ reported to be practicing at Split, Yugoslavia.

(2) Doctor Sxic, another outstanding parasitologist, has for years directed

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his research in the study of echynococcosis. Doctor Suic was directing a program destined to eliminate the canine species from Yugoslavia. He maintains that the canine harbors the echynococcosis parasite which it exudes through the feces.

d. Epidemiology

(1) The Director of the Medical University at Zagreb, Professor Andrea Stampar, former President of the Yugoslavian Academy of Science and past President of the World Health Organization, is reputedly an outstanding epidemiologist.

e. Biology

(1) the Dean of the Department of Biology. was considered brilliant and was doing considerable morphological research on cells of the human anatomy.

f. Anatomy

(1) The Department of Anatomy is headed by a particularly capable man, Professor Percvich.

g. Pediatrics

(1) The leading pediatrician in Yugoslavia is Doctor Mayerhofer. He first came to Zagreb in either 1935 or 1936. Mayerhofer is a graduate of the Medical School at Graz, Austria. In conjunction with his teaching and research in pediatrics, he serves as Director of the Children's Hospital at Salata.

Education and Training

3. The University of Zagreb

a. Although the University of Zagreb has been in existence since 1874, the medical school at this university should be considered as a somewhat recent innovation since it was not erected until 1921. The various

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sections of the medical school are not confined to one campus, but in reality are scattered throughout the country around the town of Zagreb.

b. Many of the medical buildings are located at Salata /a hill in the north of Zagreb, a short distance east of the new Zagreb-Belgrade highway/. The more important medical buildings located at Salata are:

(1) The Administration Building.

(2) The Department of Biology and the Department of Chemistry are located in a sort of "quad" which is formed by the outlying administration building and other medical installations. Both departments share the same building -- with Chemistry utilizing the first floor and Biology on the second and third floors.

(3) The Institute of Anatomy, adjacent to the aforementioned buildings, is perhaps the most beautiful of all the medical buildings. The facilities of the Anatomy department are modern in every sense. Prior to World War II German, Austrian and French equipment was predominant. By 1950, however, US and UK equipment began to appear in large quantities. The Institute of Anatomy is by far the largest building on the campus. [redacted] its lineal dimensions at approximately 250 X 400 feet. It is six stories high. In 1950 the facilities at this institution plus available laboratory space could easily accomodate from 40 to 160 "lab" students at one time. The entire building was constructed of stone.

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(4) The Institute of Pathology.
The Pathology department had ample facilities in 1950. It was well equipped and also staffed with capable personnel. [redacted]

(5) Department of Pharmacology.
This was a well rounded department from the standpoint of facilities and equipment. A number of capable men comprised the staff. [redacted]

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(6) The Children's Hospital
The Children's Hospital which is headed by Doctor Mayerhofer, devotes considerable research to dermatology as well as to its specialty, pediatrics. The dermatology department occupies an entire ward of the Children's Hospital. This section concentrates entirely on diseases of the skin, both contagious and dietary. Another important section of the Children's Hospital is devoted entirely to ENT /ear, nose and throat/ medicine, as well as allied research in these fields. This section is operated under the direction of Professor Schertzer who is considered one of the leading specialists in Europe. [redacted]

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(7) The Orthopedic Hospital
This edifice is comparatively new. It was completed in either 1939 or 1940. It has a capacity of approximately 200 beds. An annex was added shortly after completion. The annex, a two-story building, serves as the department of Dentistry. The Dean of the Orthopedic

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Hospital and its chief physician was Doctor Spisich. 25X1

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(8) The Department of Legal Medicine.
This department operated under the direction of Doctor Anton Premu. 25X1 25X1 25X1

(9) The Department of Physiology.

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it is commonly agreed that physiology is one of Yugoslavia's more developed medical specialties. By virtue of sound theoretical training, Yugoslavian medical scientists should be capable of much detailed research in this field. 25X1

The City of Zagreb

4. The following medical installations are located in the city of Zagreb proper:

a. The Department and Clinic of Opthalmology.
This establishment is located on Ljudevit Gaj Ulitza [street].

b. The Clinic of Internal Medicine.
This establishment is situated on Ulitza [street] Drazkvichka. This clinic handles both ambulatory and out-patients. It has a bed capacity of approximately 300.

c. The Surgical Clinic.
This department is located on the same street as the Clinic of Internal Medicine and is only a few doors removed. there were at least twenty major surgery rooms at this clinic.

d. The Maternity Hospital
This hospital was built east of the compound of Salata on Ulitsa [street] Petrova on a dead end road.

Rebro, Yugoslavia

5. Medical facilities at Rebro [several kilometers east of Salata]: 25X1

a. The University Hospital is located at Rebro. The facilities and equipment, in 1950, were modern and up to date. the bed capacity at between 1800 and 2000 beds. The hospital is divided according to various diseases so that each specialty is practiced and treated in a separate section of the hospital. in late 1952 or early 1953 a new OB department was added to the hospital. It is reported to have 150 available beds, modern delivery rooms, and excellent X-ray facilities.

Split, Yugoslavia

6. 25X1

a. Naval Hospital

(1) A number of graduating doctors serve their internships at this hospital. They are able to specialize in any of the following branches of medicine: 25X1

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(a) Internal Medicine

(b) Dermatology

(c) Surgery

(d) Opthalmology

(2) This institution, incidentally, trains male nurses as well as internes.

b. Obstetrics and Gynecology

(1) Medical students are able to train either in obstetrics or gynecology at this institution. The facilities, however, were limited

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c. Zarazna Bolnica (Clinic for Contagious Diseases)

(1) This installation provides an opportunity for internes and (as of 1951) graduate practitioners to engage in research relative to epidemiology and contagious diseases. Diseases which this hospital treats primarily are typhoid, dyphtheria, scarlet fever, mumps, etc.

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d. Firule Clinic

(1) The Firule Clinic derives its name from a section of Split known as the Firule Sector. This hospital had (in 1950) 225 beds.

(2) An individual who has an outstanding reputation in surgery of the eyelids, as well as plastic surgery, is Doctor Sackic. He has worked at both the Naval Hospital and at the Firule Clinic in Split. The latter institution treats children primarily, but also accepts adults with eye and ear diseases. Doctor Sackic enjoys prestige in Europe for his fine work.

Medical Education

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7.

a. The school week for medical students at the University of Zagreb is a six-day affair, beginning on Monday and ending Saturday afternoon.

b. Classes convene at 8:00 AM and continues until 1:00 PM. The afternoon hours are devoted to clinical and laboratory study.

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c. Each semester is in session for five months -- with two semesters constituting an academic year.

d. The satisfactory completion of ten semesters and internship are required of all medical students -- a minimum of four thousand hours is required to complete university standards for a medical degree. This figure includes laboratory, clinical and classroom work.

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e. two additional semesters are to be added to the required ten -- thus a minimum of twelve semesters will be a standard requirement. This figure will not exclude the year of internship.

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f. When a student completes his medical education, he receives his diploma but must serve one year of internship prior to certification or license to practice.

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8. Entrance Requirements and Requisites for the Degree

a. Students who contemplated a career in medicine were obliged to meet certain university requirements. The number admitted per year varied from four hundred to six hundred for several years after World War II. in 1950 over one thousand applications were submitted to the medical school at Zagreb. five hundred were accepted. The screening does not end with the original admission but continues throughout the career of a medical student. Original selection was at one time contingent to a great extent upon previous academic background. A student's record at the gymnasium had to bear minimum marks of "very good" /parallel to a "B" average in the US/. Students from technical high schools were not admitted prior to 1949.

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b. Proficiency in a foreign language (French or German) in addition to a thorough foundation in Latin or Greek, was always required.

c. As previously mentioned, emphasis for admission was placed upon academic background; however, since 1949 the requirements for entrance place undue emphasis on political inclinations and attitudes of aspiring medical students.

d. Most of the students admitted to the university are representatives of the middle class /not necessarily bourgeois/. They come from the average present-day Yugoslavian family. Students whose parents (or relatives) were affiliated with the Royalist House or as officials in the Chetnik movement have a more difficult time in being admitted. They are in most cases admitted last. In some cases their petitions have been delayed for a year or so.

e. Once the students begin their medical education, further elimination takes place. As an example, let us say that five hundred students are admitted to the medical college at the beginning of the academic year. The largest percentage of rejections ensues within the first six months. Approximately fifty percent drop by the wayside during this period. The major portion of this group is dropped because of inability to maintain the scholastic pace. Some few are forced to drop because of health, particularly due to malnutrition. Further elimination takes place over the years on the same basis as described above. Ultimately, of the five hundred originally accepted, approximately one fifth, or one hundred, receive the Doctor of Medicine diploma. /The above has been typical of post war medical education up to 1950./

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9. Caliber of the Teaching Staff

a. Relative to the merits of the teaching staff they supply the medical students with sound and solid theory. In fact, the theory of medicine as taught at Yugoslav universities compares most favorably with other European medical education and with that of the US.

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b. Regarding the quality of instruction in various medical specialties, the department of Obstetrics and Gynecology does an outstanding job in teaching and developing physicians. Students of Dermatology receive excellent training. Due to the large number of TB patients, Yugoslavian medical schools are making fine progress in coping with this disease. There are a number of TB hospitals in Yugoslavia. They provide ample opportunity for practical experience.

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Doctor Dubicic of Zagreb has established an outstanding reputation in teaching the various aspects relative to treating tuberculosis. He is especially recognized because of his methods in burning adhesions and doing thoracoscopies.

c. Postgraduate education was initiated at the University of Zagreb in 1948. It was planned to familiarize general practitioners with new developments in medical science. In 1949 approximately fifty graduate medical students were enrolled at Zagreb. It is my understanding that graduate enrollment in medical schools throughout the country has increased considerably since 1952. Several factors (in my estimation) have prompted this increase:

(1) a sincere desire on the part of medical men to better themselves.

(2) an attempt to avoid being sent to less desirable locales of Yugoslavia.

(3) an opportunity to move from less desirable areas to the city in the hope that eventually they may be relocated in a more comfortable area and position.

d. The efforts expended in educating future doctors for Yugoslavia, as previously mentioned, are efficient. However, many of the recipients of this education are physically incapable of sitting for long hours and listening to the various medical lectures. Most of them are suffering from nutritional deficiencies.

10. Teaching and Research

a. Professors were primarily engaged in teaching. Relatively few were engaged in research entirely. Research to a great extent was handled by the younger men and was directed by such Professors as mentioned in paragraph 2.

b. The real problem of 1950 was an attempt to educate and provide much needed medical personnel for the entire country.

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c. Laboratories and facilities which could be used entirely for research were practically non-existent. As I recall, research in physiology was about the only unlimited research in progress.

d. Each medical student receives financial support from the government. Such stipends or scholarships are contingent upon diligent application on the part of the student. Should he fail in his examinations, the state withdraws its funds and the student is dropped from the rolls.

e. that the need for additional doctors in Yugoslavia is as prevalent as ever. It is indicated that to some degree the government has relaxed in its efforts to indiscriminately assign doctors to various areas without some assent upon the part of the doctor conterned. Some measure of freedom in accepting assignments has been permitted.

11. Political Influence

a. In 1949 the government required that all students in Yugoslavia undergo political instruction. It was prodigious and furthermore, obligatory.

b. Up to 1948 (prior to the Tito-Stalin rupture) political indoctrination included Marxism-Leninism and Stalinism. However, after the break political orientation discarded Stalin's theories and concentrated on Marxism-Leninism in addition pointing up Stalinist theories as deviations from pure Communism.

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c. For purposes of political orientation, classes were limited to about twenty students per instructor (a Communist student). Such classes convened for a two hour session, one day per week. By the end of the third year medical students were exempt from serving with the usual volunteer brigades -- instead, they were assigned to hospitals.

d. Although the majority of medical students were opposed to such courses, it was deemed politically judicious to fulfill such requirements as were assigned -- namely, written papers and participation in the discussions.

12. Foreign Contact

a. The average Yugoslav medical student was [redacted] ambitious and desirous of preparing himself adequately in his field. He had access to medical journals from various western countires -- the US, Switzerland, the UK, Germany and France. Prior to the break with the USSR in June 1948, considerable medical literature from the satellites was available -- particularly from the USSR and Czechoslovakia. 25X1

b. Physicians and scientists are not given "carte blanche" permission to travel outside their own country. It is, nevertheless, the intention of the Yugoslavian Government to garner innovations and new scientific adaptations from the outside world. If permission is granted by the Yugoslav Government for scientists to travel abroad for either conventions or postgraduate research, one can safely conclude that they are politically sound in the eyes of the Yugoslavian hierarchy. [redacted] several cases in which scientists were permitted to come to the US for postgraduate study. In each case these scientists were not permitted to reside at private residences, but were expected to live at Yugoslav diplomatic installations in the US.

Restrictive Factors

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13. Some of the more obvious weaknesses were as follows:

a. The income of Yugoslavian medical men is very low. It varies from 8 thousand dinars to 20 thousand dinars per month. Income for medical endeavor is no greater than for non-professional or semi-professional skills.

b. Medical research is hampered by an inadequate supply of modern research facilities.

c. Modern surgery in many cases is seriously hampered by lack of blood plasma and blood banks.

d. In the field of Orthopedics, Yugoslavia lags far behind the US and the UK for various reasons.

(1) It is a comparatively new field.

(2) They lack Orthopedic surgeons.

(3) The modern devices and equipment used in Orthopedics are almost non-existent. 25X1

e. [redacted] Yugoslavian medical science is very weak in Histology. [redacted] approximately a year ago [1953] [redacted] a well known US histolcgist, was called to Yugoslavia to direct the treatment of Cardinal Stepinac. 25X1

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